



ORAL HEALTH CARE GOALS FOR PARENTS AND CAREGIVERS

PATIENT NAME: _____ VISIT DATE: _____





BRUSH TWICE A DAY

BREAKFAST, BRUSH AND PLAY IN THE MORNING



BRUSH, BOOK AND BED EVERY NIGHT

 <p>REGULAR DENTAL VISITS FOR CHILD</p>	 <p>BRUSH ALL SIDES OF TEETH</p>	 <p>USE FLUORIDE TOOTHPASTE</p>	 <p>MAKE BRUSHING FUN! USE A SONG</p>
 <p>DENTAL CARE AND HYGIENE FOR THE WHOLE FAMILY</p>	 <p>EAT A HEALTHY BALANCED DIET</p>	 <p>DECREASE JUNK FOOD AND CANDY</p>	 <p>USE XYLITOL GUM, SPRAY, GEL, OR DISSOLVING TABLETS</p>
 <p>DRINK TAP WATER FLUORINATED IF POSSIBLE</p>	 <p>USE ONLY WATER, FORMULA OR MILK IN BOTTLE WATER <u>ONLY</u> IF SLEEPING</p>	 <p>START USING AN OPEN-LID CUP</p>	 <p>LESS OR NO JUICE OR SOFT DRINKS</p>

PARENT/CAREGIVER _____ DATE _____

STAFF REVIEW _____